



THE CITY OF SAN DIEGO

REQUEST FOR TECHNICAL SERVICES OVERTIME INSPECTION/PLAN REVIEW

REQUIRED INFORMATION:

Type of Inspection/Plan Review requested {ie. pressure test, medical gas; etc.}: _____

Site address: _____

Permit number: TA _____ Date: _____ Time: _____

BILLING

Business Name: _____ Fax Number: _____

Attention: _____ Phone Number: _____ Ext: _____

Street: _____

City: _____ State: _____ Zip Code: _____

I understand that there will be a minimum two hour billing for an overtime inspection or plan review on a weekday and a minimum four hour charge on a weekend, holiday or inspector's regular day off.

Signature required

Mail to:

FIRE AND HAZARD PREVENTION SERVICES
1010 SECOND AVENUE, SUITE 300
SAN DIEGO, CA 92101

ATTN: TECHNICAL SERVICES CLERK

OR, fax: 619 533-3883